



BRICK POP WARNER DRAGONS SOUTH, INC.

Injury Report

Date of Report: _____ Date Coach Was Informed of Injury: _____ Team: _____

Name of Injured Player: _____ Date of Birth: _____

Team Head Coach: _____ Reported Completed By: _____

Date of Injury: _____ Time of Injury: _____ Field Where Injury Occurred: _____

Exact Location of Accident: _____

Witnesses: _____

Treatment: First Aid Doctor/Medical Clinic/Hospital Other Than First Aid Due to Delayed Medical Treatment

Lost Practices: Yes ___ No ___ Estimated Number: _____

Nature of Injury

Cut _____	Fracture _____	Heat Exhaustion _____
Bruises & _____	Abrasions _____	Insect Bites _____
Contusions _____	Irritation _____	
Sprain or _____	Concussion _____	
Strain _____	Dislocation _____	

Body Part

<u>Head & Neck</u>	<u>Upper Extremities</u>	<u>Body</u>	<u>Lower Extremities</u>
Head _____	Shoulder _____	Back _____	Hips _____
Scalp/ _____	Upper Arm _____	Chest _____	Thigh _____
Skull _____	Elbow _____	Abdomen _____	Knee _____
Eyes _____	Forearm _____	Groin _____	Lower _____
Ears _____	Wrist _____	Multiple _____	Leg _____
Nose _____	Hand _____		Ankle _____
Face _____	Fingers & _____		Feet _____
Mouth/ _____	Thumbs _____		Multiple _____
Teeth _____	Multiple _____		
Jaw _____			
Neck _____			